

Guidelines for Counselling
Women Facing Violence



Sangeeta Rege



Cehat

Centre for Enquiry into
Health and Allied Themes



Dilaasa

Guidelines for Counselling *Women Facing Violence*



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Health and Allied Themes



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Guidelines For Counselling Women Facing Violence

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By :

Centre for Enquiry into Health and Allied Themes

Survey No. 2804 & 2805, Aram Society Road,

Vakola, Santacruz (East), Mumbai - 400 055.

Tel. : 26673571 / 26673154

Fax : 26673156

E-mail : cehat@vsnl.com

Website : www.cehat.org

Dilaasa

Dept. No. 101, Gynaec. OPD, K.B. Bhabha Hospital,

R. K. Patkar Road, Bandra (W), Mumbai - 400 050.

Ph.: 26400229 (Direct) ● 26422775 ● 26422541 Extn. 4376

E-mail: dilaasa@vsnl.net

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Contents

Acknowledgements 4

Preface 5

Background 7

I. Values 9

- A. Self awareness
- B. Confidentiality
- C. Uniqueness
- D. Self determination
- E. Recognising diversity
- F. Commitment to question sexist beliefs
- G. Recognising power relations
- H. Responsibility

II. Principles of feminist counselling 13

- A. Personal is political
- B. Distress not disease
- C. Consciousness raising
- D. Valuing ambiguity
- E. Violence is non-negotiable

III. Techniques of feminist counselling 15

- A. Locating the precipitating factor
- B. Exploring coping mechanisms
- C. Connecting individual oppression to gender
- D. Addressing vacillations
- E. Exploring sexual abuse
- F. Confronting Violence
- G. Reflecting on formation of women's social identity

IV. Components of counselling 21

- A. Rapport Building
- B. Safety assessment and Plan
- C. Suicides
- D. Shelter as an option
- E. Negotiation for non violence
- F. Preparing the woman to seek Police assistance
- G. Need for Referrals

V. Counsellor's Role in certain situations 31

- A. Sexual violence
- B. Burns
- C. Mental Illness

VI. Challenges to counselling 35

VII. Norms for running a counselling centre 37

Conclusion 40

References 41

Annexures 42

- Annexure I Chapter Summary
- Annexure II Laws Related to Violences Against Women in India
- Annexure III Women's Organizations in India



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Preface

CEHAT has been working towards creating awareness about violence as a health and human rights issue and also advocating for the critical role that health professionals and health systems need to play in responding to survivors of violence. This began with participation in investigations of cases of sexual violence and then through education, documentation and research. The concept of OSCC (One stop crisis centres) provided good opportunity for working directly with the health system and demonstrate the role that public health services can play in responding to violence against women. Dilaasa, a joint initiative of CEHAT and the Municipal Corporation of Mumbai is a public hospital based crisis centre located at K B Bhabha hospital, Bandra west. The Corporation has replicated it in another of its hospital located in the Eastern Suburb in Mumbai. This initiative has research, training and services as its important components.

These public hospital based crisis intervention departments provide counselling services for women and girls facing violence. It is the feminist counselling practice that is followed at Dilaasa. Feminist Counselling has been accepted as one of the most effective counselling method for women living in abusive relationships as it questions power and inequality within relationships. It encourages women to understand what they are experiencing in the context of inequalities that arise out of larger oppressive structures. This is in contrast to the mainstream/traditional counselling which focuses only on the intra psychic features, which are devoid of any connections to the social structures/relations that may be discriminatory and the cause of the distress. However, feminist counselling as a branch of counselling is least documented and hardly any literature on this is available in India. This pushed us to endeavour towards documentation of feminist practice in Domestic Violence counselling in India and also documenting our experiences.

These crisis centres have clearly demonstrated that their location within a public hospital increases access for survivors of violence to crisis intervention services. We hope that the public health system recognises violence against women as a critical health care issue and takes steps to sensitise its staff and sets up such services for survivors of violence. These Guidelines in Counselling women facing Violence have been painstakingly put together by Sangeeta in consultation with the Dilaasa team and consultants. These are primarily meant for enhancing skills and attitudes of those dealing with VAW at the hospital set up but would be useful to others too. They provide a perspective on the issue as well as real life examples. This is one of our several efforts to contribute to a discourse on Feminist Counselling in India.

Padma Deosthali
Coordinator, CEHAT

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*B*ackground

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

Dilaasa is a hospital based department which provides social and psychological support to women facing domestic violence. This department is a joint initiative of the K. B. Bhabha Hospital (public health department) and Centre for Enquiry into Health and Allied Themes (CEHAT). Accordingly, the team included professionals (most were post graduates in social work or psychology) from the hospital as well as CEHAT. This team was to provide counselling services to women facing domestic violence.

Before we started working directly with women, we wanted to familiarise ourselves with the methodology adopted for counselling women facing domestic violence in our country. However, there was no such material available. The information and material on counselling related to domestic violence from other countries did not suit our context. Initially, we had to struggle to develop a better understanding on the issue of violence against women in general and domestic violence in particular. Some individuals from the women's movement played an important role in shaping our understanding on feminism and feminist counselling. It took us almost an entire year to develop a methodology of counselling that was appropriate within a hospital set up as well for women facing domestic violence.

Dilaasa was started as an experiment to demonstrate that counselling services can be provided by the hospital staff itself. Clearly, CEHAT was expected to withdraw from the service provision at the end of the project period, after which the hospital staff would take over. However, this was easier said than done. We had identified the nursing staff to provide these services because they spend a considerable amount of time with patients and are involved in providing care to the patients. In this process we had to face various hurdles, related to their deputations; once the staff was deputed, they would get sucked in to looking after their wards or departments in the absence of staff nurses or when there was a shortage of staff.

However after these initial set backs, we were able to locate staff interested in playing the role of counsellors. During the training of these counsellors, we realised that evolving guidelines for counselling women based on our experiences, would definitely provide strategies for conducting actual counselling facing domestic violence.

The aim of the guidelines is therefore to equip professionals, who have a good understanding of the issue of violence against women, with counselling skills. Our experience was primarily in the area of domestic violence. However, since we were working in a public hospital, we came across women and children traumatised as a result of rape, burns and child sexual abuse. We thus realised that counsellors should be able to provide basic support to all such women as well and have also been working on providing a comprehensive, gender-sensitive healthcare response to survivors of sexual violence. Moreover, the guidelines are rooted in the feminist perspective - *counselling would enable women to understand that the cause of violence lies external to them and the roots of violence are based in patriarchy.*

** The document also has some real case studies (names have been changed) to enable better understanding*

Values

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

Values form an important point of reference for counselling in general and feminist counselling specifically. This is so because the nature of feminist counselling constantly calls upon the counsellor to re-examine her own values, personal and professional, vis-à-vis each counslee. Furthermore, when women talk about their experience of oppression and violence during counselling, they inadvertently disclose their own set of values.

The counsellor may be required to clarify and confront these values as a part of counselling the woman. However, before doing so, the counsellor has to understand that the women's values are often based on dominant and conventional beliefs in the environment and the society that they live in. They also need to recognise and understand the context of the culture that the woman belongs to; history of violence faced by her as well as her experience of what it is to be a woman in a male dominated society. Often women's self esteem is based upon what others think of them and expectations about their role in a male dominated society. When a woman creates a role that helps her to develop a higher self esteem, she also has to struggle against the dominant set of societal values that keep saying that she is not worthy.

Values of feminist counselling help the counsellor to understand women's experiences from a perspective of their general oppression in society. Testimonies of violence in counselling press upon the counsellor to rethink and question their own values too.

Values of feminist counselling include -

A. Self awareness:

This value implies that counsellor needs to be aware of their own strengths and limitations. Self awareness implies that the counsellor has to be introspective and responsible. If the counsellor is not aware or does

not accept her beliefs as her own, then she risks passing them on to the counslee. This would take away from the basic definition of the term counselling. For instance, a counsellor may feel that when a woman is facing extreme physical violence, the best alternative is to walk out of the relationship. When counsellor has already thought of an alternative that is best suited for the woman, it would be very difficult to explore other alternatives along with the woman. But if a counsellor is aware of her beliefs, she can work towards ensuring that her belief does not dominate the woman's decision making.

B. Confidentiality:

This is basic tenet of a counselling relationship. It is not easy to share details of an abusive relationship. A verbal assurance of confidentiality can help to establish trust with the woman. There are some situations in which it may be difficult to operationalise this value. This is especially true in case of a woman who, in the counsellor's judgement, has displayed suicidal intent. In this situation it might be necessary to involve a family member or a friend, someone the woman trusts. The woman has to be taken in confidence.

C. Uniqueness:

Many women report similar experiences of oppression and abuse. However, the issue of abuse is very complex and despite the seeming commonality of their experience, every woman's struggle is different. Over a period of time, counsellors may find it difficult to maintain the individuality of each case. Thus there is the fear of becoming prescriptive. This leaves very little space for exploring and sharing the woman's experiences. It is therefore necessary to respect the uniqueness of each counslee.



D. Self determination:

The counsellor needs to recognise, accept and enable the woman's own capacity to think of alternatives vis-à-vis her situation. A woman facing abuse should not be perceived as a helpless victim of uncontrollable circumstances. Her participation in strategising would increase her confidence and control over her situation.

Case Study: A woman facing extreme physical abuse narrates that her husband has threatened to sexually abuse their daughter, but she does not want to leave the house. Realising the above value in counselling would mean, strategising to ensure that she and the children are safe and don't face increased abuse. Her participation in strategising would increase her confidence and control over her situation.

E. Recognising diversity:

This value calls upon the counsellor to recognise and respect that women have different social, political, cultural, religious, economic and sexual identities and backgrounds. Counselling helps women to identify disadvantages that they face based on these identities. These identities are also responsible in dividing women. This value forms the foundation of feminist counselling because there is a belief that inequalities and violence that women face are based on their identities.

F. Commitment to question sexist beliefs:

It implies that counsellors should identify their own sexist values and strive to discuss them with peers in

order to be as transparent and authentic to feminist beliefs. Similarly, it also aims to discuss sexist beliefs of women seeking counselling. E.g. A client says that her husband is having an extra marital affair with a widow and that widows are promiscuous. The counsellor has to empathise with the woman's situation but also clarify her beliefs about widows in general and place the responsibility of the extramarital affair on her husband.

G. Recognising power relations:

This value essentially recognises that there is power associated with the role of the counsellor. This power could be due to the class, caste, religion or educational status of the counsellor. Often there is a disparity in the position of the counsellor and the client. A counsellor has to be aware of this disparity and the power associated with it when she is counselling. If not, then she may suggest alternatives which do not take in to consideration the disadvantage the woman faces on account of social inequalities. The disparity might also lead to intimidation of the woman and hinder the counselling process. E.g. A counsellor belonging to an upper middle class majority community has to be aware of the power that she has when she counsels a woman belonging to minority community and economically disadvantaged group.

H. Responsibility:

This value calls upon the counsellors to be aware of the contribution of the women's movement on the issue of violence against women. Those involved in counselling also have a responsibility that their counselling practice be informed by the larger political movements as well as social structures.

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P rinciples of
feminist counselling

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

A. **Personal is political:**

This principle allows us to look at violence against women as a culmination of patriarchy and gender ascribed roles of men and women. It helps the counsellor to see violence not just as an individual or personal problem. Violence against women is also used as a tool to maintain the status quo in favour of men. E.g. Operationalising such a principle would mean explaining to a woman that she was not hit because she did not cook well/does not come home in time/does not listen to elders in the family; but because the one who has hit her is in a powerful position and establishes control on her by hitting so that the rules of the family are not challenged.

B. **Distress not disease:**

Violence has deep physical and mental health consequences. Women cope with it in one way or another. Women who live in violent relationships for long are often labelled as mad or eccentric and their behaviour gets labelled as pathologic. This principle looks at coping as a response to distress rather than an outcome of a disease. This kind of acknowledgement is essential to prevent women being labelled negatively. Some women also face mental health problems due to extreme forms of abuse, in such instances too, a counsellor helps the woman to see an interlinkage with her mental illness and the violence that she faced.

C. **Consciousness raising:**

A woman in a counselling relationship needs to be made aware of the fact that marriage or family, in a patriarchal milieu, have inherent contradictions, much to the disadvantage of the woman. This is done with the aim that we all need to work towards achieving a social change. This is possible through the principle of raising consciousness amongst women who are in a counselling relationship.

D. **Valuing ambiguity:**

Feminist counselling gives scope for women to examine their personal vacillation. Operationalising this value would mean acknowledging and recognising the reasons for such ambiguity. But it also helps the woman to recognise that such vacillations occur due to the nature of close relationships. E.g. A woman may say that she wants to file for divorce and at another point may say that she wants her relationship to improve, a counsellor would help the woman to reflect upon her vacillation as well as state possible outcome of any decision.

E. **Violence is non-negotiable:**

Women facing violence may want to take revenge against the abuser, by hurting him in some way. Counsellors need to understand and address this, without encouraging it. It is therefore necessary to explore the notion of taking revenge because there is a need to tackle such feelings.

*T*echniques of feminist counselling

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

Counselling a woman living with violence is a complicated task, therefore it is important for the counsellor to decide upon goals for counselling. These goals are based on the expectations of the woman undergoing counselling. However, often the woman herself is not aware of what she should expect, or wants, at the end of the counselling relationship. Furthermore, it is very likely that even if she has conveyed her expectations, these would change over time. This is because most relationships are intertwined with mixed feelings such as those of anger, fear, despair, frustration, love and hate. It is not easy to overcome these feelings. The ultimate *goal* would be to enable the woman to lead a life free from violence.

Some techniques that can help the counsellor address the issue of violence, methods of increasing women's awareness about reasons for violence, ways of dealing with violence and methods of negotiating her space in her relationship are given below :

A. Locating the precipitating factor:

Some women have a tendency to go in circles and are unable to state their expectations clearly. They may be unsure of the counsellor or apprehensive to broach a certain subject matter. Counsellors have to realise that some times women do not explicitly state issues for the fear that they may not be believed. These fears are based on how society views certain behaviours of women and labels them. They also fear that confiding about an issue that is viewed by society as deviant behaviour may have repercussions for them. This occurs because women are often not trusted for their word. In other instances, if a woman is not conforming to a certain norm, she is usually treated badly. She may fear that if she confides in the counsellor about it, she may also lose the limited support that she received till then.

Below is given an example about how to broach such issues with women.

25-year-old Kamrunisa is a widow. She is finding it difficult to make ends meet as her in-laws have asked her to leave the house after the death of her husband. They are refusing to give her any share of his provident fund. She is seeking support from the counsellor regarding the abuse she is facing from the marital family. At one stage of the counselling she started looking distracted. It was almost like something was bothering her but was unable to state it. The counsellor had tried to speak to her on various occasions in order to understand what was on her mind.

In such situations, it is important for counsellors to be aware of the norms and beliefs of our society vis-à-vis the social status of the widow, single or deserted women. These women are never acknowledged to be having any sexual needs or urges.

As Kamrunisa found it difficult to talk about it, one day, the counsellor probed if she was in a relationship with some person. The counsellor also reassured Kamrunisa that she did not have to feel guilty about it, everyone has a right to be in relationships and she would not judge her on that basis. Her question was based on understanding the needs of a young woman such as Kamrunisa. The counsellor wanted to express her concern that if Kamrunisa was facing any problem on her relationship front; she would be there to discuss and support her. When the counsellor expressed such a concern, Kamrunisa broke down by stating that she was sexually involved with a married man. But he is refusing to marry her and she is pregnant.



B. Exploring coping mechanisms

Every woman living in an abusive situation makes efforts to change her situation. These efforts have to be explored in the counselling process in order to understand the strengths of the woman. This is important because it is this resilience that helps her to stand up to violence. It thus becomes imperative for the counsellor to attentively listen to the woman's narrations. A counsellor has to extract how the woman has coped with abuse from her narrations.

Maria has lived as a single woman who is being constantly threatened by her brother to vacate her parental house. In her narrations, she describes the humiliation she faced every time she was asked to leave the house as her belongings used to be thrown out, and she would be abused in front of the other residents. She has lived this way for the past 6 years. On exploring further, the counsellor learnt of Maria's strategies to prevent sheer destitution. She had befriended a local woman who used to provide her space to keep her belongings in the day. She had a good relation with her employer where she worked as a maid. Her employer recommended her to take care of an old lady at night. In this manner she was also able to get a shelter. With the counsellor's support, Maria became more aware of her own abilities to cope with her situation.

But constant abuse can also take a toll on the woman's health. Counsellor should be able to identify the breakdown of such coping methods too.

This is evident in case of Shyama who has faced abuse for more than 20 years. Though her husband has been physically abusive, she has been able to keep a job, support her child and even her husband economically. But violence has taken such a toll on her that she is unable to see her achievements and her single handed efforts. Currently she is unable to cope with her husband's extra marital affair. She has in fact recently got addicted to alcohol and says that it is only due to alcohol that she is able to forget her worries. The counsellor has to help her regain her strength to counter her situation. At the same time, the counsellor has to suggest constructive alternatives to overcome her alcohol dependence.

C. Connecting individual oppression to gender

Women are commonly held responsible for the violence they face. Their performance regarding their role as daughter, sister, wife, daughter-in-law, mother - is always under scrutiny and often criticised. Women internalise these expectations due to their socialisation. The value of feminist counselling would lie in encouraging women to reflect upon the roles that society expects them to play. The aim of counselling would be to state that violence is not an individual act where a person loses control but, it is one way of compelling women to conform to the societal accepted roles. The counsellor can take examples from the woman's life itself and explain how individual acts of violence she faces are related to society prescribed gender roles.



25 year Raziya was hit ruthlessly by her brother because she did not cook food. So he had to go hungry to work. When Raziya blames herself for the abuse, the counsellor has to help her question why she is the only person responsible for cooking in the house, is hitting her justified just because she did not cook. Raziya has to be encouraged to see the power that her brother can exert upon her just because she did not cook food. By doing this the counsellor would also explain how Raziya is controlled because of the gender roles that women have to play. Similarly the counsellor has to explore whether she is financially dependent, this is because financial dependence also increases women's vulnerability.

D. Addressing vacillations

As the issue of relationships is extremely complex, abused women find it difficult to come to any decision regarding negotiating or terminating a violent relationship. Counsellors often see that women, who had decided to end a relationship, may change their mind and continue to stay in it. Some women negotiating for a better relationship may decide to eventually end it. Thus, most women feel ambivalent about making a final decision. The reasons for her vacillations can be many - often women are economically dependent on the abusive person, there are fears of living alone (she could get a labelled of having a poor character), children may be involved, sometimes there is some hope that the abusive person may change, etc. Counsellors may inadvertently push

the woman into making a final decision without adequately addressing the reasons behind her hesitation. On the other hand if the counsellor is aware of the reasons for ambiguity, she can enable the woman to be better equipped to handle the situation.

E. Exploring sexual abuse

Most forms of abuse are invariably accompanied by sexual exploitation. Whenever a woman talks about abuse that she is facing, a counsellor must also explore the probability of it being accompanied by sexual violence. But in our society talking about sex related issues is taboo, so women often do not report sexual violence till they are comfortable.

It is important for counsellors themselves to be comfortable talking about issues around sex. This comfort is usually acquired through receiving training on the issue. Counsellors should be able to locate sexual violence in the context of power and control. Such an explanation should be provided to the woman.

Sometimes sexual violence is reported as inflicted by the father-in-law, brother-in-law or even a father or brother. When such incidents are shared, it is important for the woman to feel supported; the aim of counselling should be to remove the guilt from her. It has to be explained to the woman that such exploitation is an act of claiming a right over the woman's body. The goal of the counselling in countering sexual violence is to encourage the woman to speak about it, and get rid of the shame related to it. In case of sexual violence, as with physical violence, it is essential to explore coping mechanisms of the women.



Guidelines For Counselling Women Facing Violence

Maya says that her husband always demands sex after drinking; she cannot stand the unpleasant odour as well as finds sex painful. Now a days she has been ensuring that she attends a *bhajan* (devotional songs) program so that she comes back late, by then the husband has grumbled and gone to sleep. Such and many other coping methods are adopted by women; the goal of counselling is to recognise those methods. Similarly counsellor can also suggest to Maya that she confide in other family members who she can trust and would be able to prevent further abuse.

F. Confronting Violence

Women often find it difficult to accept that the cause of violence lies external to her. In order to avoid violence, some women withdraw from a situation because of the fear that they may provoke violence. They also come to believe that if the abusive person is pleased, the abuse may stop. Counsellor has to identify the woman's perception towards such issues. Counselling has to focus on the fact that avoidance strategies do not work in reducing violence. In fact confronting violence will make the abusive person rethink before inflicting further abuse.

Chanda, 23, has been facing severe abuse from her father since a very young age. Her mother passed away when Chanda was very young. She is extremely scared of her father. She tries her best to keep him happy. She works as a typist. Chanda's father gets violent on any pretext, sometimes it is to do with she coming home late, or if she does not cook food, or goes out with her friends. He has

physically abused her for not handing over her full salary. Chanda tries to avoid violence, by coming home in time, does not socialise lest her father gets upset, and tries to avoid him in the house as well. The counsellor should encourage Chanda to see each of these strategies as avoidance strategies. It would also have to be explained to her that even though she is trying to please her father, violence returns. Therefore counsellor will have to suggest strategies that would help Chanda confront her father. Some of the strategies that can be suggested by the counsellor could be telling her father that she will only give a certain amount of salary as she needs to save money for her future.

G. Reflecting on formation of women's social identity

Women experiencing violence are also divided due to the advantages and disadvantages they receive based on the societal notions of caste, class, religion and sexual orientation. A counsellor would have to validate and state the hardships that women face because of their socially disadvantageous circumstances. Similarly while working with a section of women who belong to upper caste, class, majority religion or heterosexual orientation, the counsellors must also take this opportunity to discuss their biases about the so called "other women". Feminist counselling enables the clients to reflect upon these social identities which divide women.

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Components of counselling

Guidelines For Counselling Women Facing Violence



A. Rapport Building

It is important to know that when a woman comes to the counselling centre in a hospital set up, she is often referred by another department or a staff member of the hospital. Therefore she does not directly come to the centre with the intention of seeking services.

Moreover, since the centre is located in the hospital, a woman may feel that it is a doctor providing services. Therefore an introduction of the counsellor herself and the services of the centre give the woman a fair idea of the nature of work done at the department.

As women coming to the hospital are accompanied by relatives, another tricky issue is getting to talk to the woman alone. The accompanying relatives can also be those who are abusive to the woman. Therefore it is very important for the counsellors to understand the woman's body language. Various non-verbal cues can indicate whether she can or cannot talk at that time. In case the counsellor feels that she wants to talk, then the relatives can be politely asked to wait outside. A counsellor can also reassure them that they will be spoken to later. If the woman's body language indicates that she may not be able to seek counselling services at that time, counsellor should give the contact details of the department discreetly. Those referred to the counselling department are also unaware that they can refuse to receive counselling. This is because the issue of consent is often ignored in a medical set up. Counsellor can tell the woman that it is not mandatory for her to sit through a counselling session if she does not wish to. At the same time a counsellor can also maintain an open-door policy, so that a woman can return to the department at a later point in time.

As a hospital based counselling centre, it is important to maintain counselling records. The counsellor can show the woman the form that would be filled at a

later stage. In order to maintain eye contact, counsellor may not fill the form in front of her. But it is desirable to tell the woman that certain notes may be taken in the course of counselling. This would help the counsellor to get clarity about the experience of violence. As women coming to the hospital are often referred to this department, they may not have a long time to sit through an elaborate counselling session. Therefore counsellors have to assess the intensity of the abuse faced by the woman, within a limited time period, and develop counselling goals accordingly. Being in a hospital set up, counsellors meet women reporting severe injuries, burns as well as violence. Counsellors would have to prepare themselves to talk to such a woman. In the rapport building phase, women may not give a detailed account of the past abuse she has faced; counsellor should maintain notes about the missing links. These can be explored in the future sessions.

Such a counselling centre also receives women from outside the hospital. In a situation where a woman has faced violence and directly comes to the crisis centre, the counsellor should urge the woman to undergo a medical examination and seek treatment, if there is a recent episode of abuse. The counsellor can accompany the woman to the department for the same. A counsellor working in such a setting has to be equipped with explaining the procedure for a medical examination. In cases of severe physical violence, burns, sexual violence or consumption of poison, medical treatment would take precedence, but the presence of a counsellor and explanation of the medical procedures by a counsellor can help to build a relationship of trust with the woman.



Guidelines For Counselling Women Facing Violence

B. Safety assessment and Plan

Being in a health set up, women often come to the counselling centre after an episode of abuse. Some episodes of violence could be severe. Hence a safety plan would be critical in understanding whether a woman is at a higher risk of violence. Safety planning is an important aspect of crisis counselling as it gives women a tool to prepare themselves to resist or reduce further abuse. This is usually done at two levels; one is the physical risk of increased abuse and second is the risk of attempting suicide due to escalating abuse. Safety assessment and planning is done by -

i. Assessing the intensity of abuse

When a woman tells a counsellor that she was hit with iron rod and a stick, one method of assessing the intensity of the abuse is to ask a woman whether she was ever hit by an instrument before. If the woman confirms that she was not, it is one indicator of understanding that she would be at a greater risk than in the past. A counsellor can also ask the woman what had occurred before she was hit. The incident can throw some light on reasons for abuse. Information on how she saved herself from earlier beatings, who intervened to end the beatings, who brought her to the hospital; can give the counsellor an understanding about the woman's attempts to resist physical abuse as well as any external support available to the woman.

Asking a woman to narrate the past episodes of violence, can also provide information on how she has dealt with previous episodes of violence. Counsellor has to ask questions pertaining to both the severity of abuse as well its frequency. Information about whether abuse has progressed from verbal abuse; to slaps; to use of weapons or threats to kill her; can give important information

about the intensity of abuse. Similarly, a counsellor can also probe about whether abuse occurs once a month or once a week or even daily and if the frequency had changed in recent times. Such information would be useful to develop a safety plan.

ii. Suggesting alternatives

A counsellor has to devise alternatives for every woman depending on the intensity of the violence, the stage at which she is in her relationship as well as on the basis of her preparedness towards resisting abuse. This is because each woman has different expectations from her relationship.

Radha says that she can sense that her husband is going to start hitting her since it was that time of the month when she would get her salary. She also states that the next few days in her house are quite tense. Counsellor can suggest that she get a relative / friend / neighbour to stay with her for the next few days. By doing this, Radha has someone to stop the abuse. The person has to be some one that her husband may not dare to hit. The counsellor has to also work on Radha's fear of police. Radha would have to make a police complaint and state that there is a danger to her life because she was hit with a stick and rod. Multiple methods that suit Radha's situations as well as are acceptable to her have to be thought of.

iii. Dealing with young women

Counsellors have to deal with a different mind set when it comes to young women. Often they are in a state of denial that they are in an abusive relationship. This is true of both married as well as young women in relationships. Counsellor may have to deal with feelings of guilt and self blame with such women. In our experience of



Guidelines For Counselling Women Facing Violence

counselling, we have seen that young women have very few alternatives. In case of a young married woman, she is unable to talk about abuse she may be facing in the family because she may think that it is her fault. The issue becomes further complicated when a woman has chosen her partner against the wishes of her family and the person turns out to be abusive. For those who are in an abusive intimate relationship, they may be unable to reveal the abuse for fear that the relationship may break off, while those who are facing abuse from their own parents do not even have the space to talk about it.

Reshma comes to the counsellor after she was hit by her boyfriend Akash. She has a deep gash on her cheek. In her narration, she tells the counsellor that he is very possessive, which she admires, because this shows his love towards her, but she also states that she was never hit like this before. She also mentions that he profusely regrets hitting her. In such a situation, a counsellor has to explore Reshma's understanding of love and whether being violent is justified. A deeper exploration of his "possessiveness" indicates that he likes her to dress in a traditional manner and not go out in his absence. She needs to be made aware by asking whether these are justified ways of treating a loved one. She can be asked about how she deals with the fact that he often goes out with his friends and she cannot question him. In such a situation, counselling would look at safety assessment and plan differently. It would include explaining to Reshma to think of past situations when Akash was angry. This would indicate a pattern to her, where in she would slowly start accepting that she is in an abusive relationship. Some safety method tips would be confiding about abuse in a trusted person and not going out alone with him, till he stops abusive behaviour.

iv. Explaining the cycle of violence

The cycle of violence can be an important tool to analyse the state of violence in a woman's life. This concept was developed through women's narrations. It would be useful for counsellors to explain the cycle of violence to any woman so that they can assess the magnitude of abuse for themselves. It is also important for the woman to understand that the acts of violence are cyclical and unless she tries to break the cycle of violence, the abuse may not stop.

In order to reflect on the cycle of violence, counsellors can take examples from women's lives itself. A woman can be asked to recall the first episode of abuse and how the abuser responded after the episode. It should be explained to the woman that usually there is a phase when the atmosphere at home is tense. This is followed by arguments, fights and then actual act of abuse. In the initial phase, the abuser may regret the act, and would also apologise. This is called the "honeymoon" phase wherein the abuser can actually show improved behaviour for a short period. But soon the abuse returns. And thus a cycle is formed – abuse, apologies and abuse again. As the abuse starts increasing in intensity and frequency, the cycle becomes smaller. It has to be explained to the woman that the cyclical events would keep occurring and the cycle of abuse will start getting shorter and tighter if the woman does not break the cycle of violence.



C. Suicides

The issue of women attempting to commit suicide is closely related to the violence she suffers. In our observation, women attempt suicides for various reasons. Some may do it in order to escape an unbearable situation of violence; some may do it as a cry for help while some may have lost the willingness to live due to extreme abuse.

It is important for the counsellor to know whether a client has considered suicide. Not every woman acts upon these thoughts, but many do. It is therefore important to probe about such feelings. In a hospital, women attempting suicides are referred to the hospital counsellor. It is important to understand that women find it difficult to talk about this issue. Moreover they are also burdened with feelings of guilt, anger for having survived or at times even helpless because no one from her family has come to meet them in the hospital.

Probing about an attempt to suicide requires certain skills. A counsellor can begin by acknowledging and stating that it is difficult to articulate feelings about an attempt. It may also help to say that women attempt suicide because there is no one to listen to their side of the story or acknowledge what they are feeling. Many women also do so since they are not aware that there are services available to help them with their situation. Supportive statements can help the woman to articulate what drove her to attempt suicide. It may also help the counsellor to ask a woman about her emotional state and her feelings – her mood, does she feel low or sad; or does she feel like crying. Counsellor can enable the *woman* to see for herself how the abuse that she faces has pushed her into attempting suicide.

Mary married for three months, shared that her husband used to force her to have sex as soon as the lights in their household were switched off. She used to find it painful. Moreover they lived in a small house and stayed in a joint family; this made her uncomfortable to have sex with her husband. The thought of forcible sex was so painful to her one night that she attempted to end her life. Here the counsellor can use the technique of reflection. Acknowledging the difficulty to refuse sex to her husband can be a validation for Mary. She should also be told that her husband's behaviour is not justified. Her confidence of saying no to sex when she does not want it has to be rebuilt. She should be encouraged to talk about sex to her husband. At the same time, she should be encouraged to explain the reason for her attempt to suicide with her family members. Counsellor has to explain to Mary that thoughts of ending one's life can recur, but certain techniques can help her to overcome those thoughts. This is called a technique of distraction. She should also be helped to examine the negative effects of attempting suicide by stating the effect of any drug overdose on her health. She should be encouraged to engage her time in activities that she likes when suicidal thoughts come to her mind. Visiting the counsellor, friends or making a phone call can also help her to overcome feelings of attempting suicide.



D. Shelter as an option

When a woman comes for counselling after a severe episode of violence, and states that she does not want to return back, counsellor can suggest a temporary shelter, where she can recover from the episode and also decide upon her future plan of action. While referring a woman to a formal shelter it is important for the counsellor to explain the rules and living conditions of the shelter. Counsellor can also encourage the woman to think of relatives, friends, employers or informal support that she can avail of in a period of crisis.

E. Negotiation for non violence

Often women express an urgency to call the abusive people for a meeting and resolve the issue immediately. A counsellor should validate the woman's feelings but at the same time, it would be important to counsel the woman that there is a need to understand her life situation and those aspects which she wishes to negotiate. If the woman is not adequately prepared, the meeting may not achieve the purpose. The premise of a joint meeting is to build confidence in the woman so that she can negotiate and put an end to the violence she faces. Therefore the counselling must be geared to providing her the required training to table the issues that she would like to discuss with the perpetrator. The set-up of a counselling centre can be empowering for the woman to put forth her demands in a calm and confident manner.

For initiating such a meeting some steps have been identified that could be helpful -

- i. The counsellor needs at least some interaction to get a detailed account of the woman's life story pertaining to violence.
- ii. Questions such as whom does she want in the joint meeting, has such an effort been made in the past, what aspects need to be covered in the joint meeting; would help the counsellor to set the objective for the meeting. It also helps the woman to concretise the base for a joint meeting.
- iii. The counsellor can also ask the woman to actually enact the way in which she would put forth her points. This can be done in the form of a role play. This is important because often the other person/people can make allegations against the woman to demean her. Such a roleplay would prepare her to stay calm. Telling the woman that the counsellor is on her side and trusts her completely can also help her to stay calm and confident. It is pertinent that the counsellor does not let the meeting turn into an argument on who was right or wrong. The focus of the meeting needs to be maintained throughout – which could be to communicate that violence is unacceptable irrespective of any circumstance.
- iv. The counsellor should introduce herself and her organization/group. The objective of the meeting should also be explained. It is important for the counsellor to be in complete control of the meeting, though the talking would be done by the woman and the perpetrators.
- v. It is often a good strategy to let the perpetrator talk first. Counsellor can also appreciate the perpetrator for coming to the counselling centre because that also indicates that they are interested in the relationship. This could put the perpetrator at ease.



Guidelines For Counselling Women Facing Violence

- vi. It is important to communicate that documentation of the meeting would be done and individuals present would be given copies of the document.
- vii. It must be kept in mind that such a meeting is not called to bring about an “adjustment” or a “compromise” between the abuser and the woman. If this is done, woman would be at the receiving end; being blamed for not doing or not acting in ways demanded by the family. As a consequence of this, the purpose of negotiating for preventing violence would be defeated.
- viii. Sometimes joint meetings do not work. A fair idea about this has to be given by the counsellor to the woman in advance. The counsellor can prepare the woman beforehand and enable her to convey alternative demands.
- ix. There are also instances when the perpetrators would turn up without any prior notice. At such times, it is difficult to have a joint meeting because the woman is yet to concretise her expectations from the meeting. A counsellor can politely postpone such an engagement at that point.

Neeraja is a 28 year woman who was forced in to marriage at an early age due to economic reasons. Her husband, a well off man, would provide her with all the material comfort. However of recent he has been forcing her to accept his extra marital relation by not questioning him. Neeraja wanted the counsellor to conduct a joint meeting. There was a clear conflict of interest as Neeraja wanted her husband to cohabit, which he had refused in the past joint meetings at the community level. Neeraja was explained that her feelings were completely justified. But at the same time, the counsellor also made efforts to explain that a relationship cannot be forced on another person. This could also have negative consequences for her, because the abuse had already escalated. The counsellor provided adequate time to ventilate her anger, despair and feelings of being let down. But Neeraja was keen to have a joint meeting with her husband. The counsellor prepared Neeraja to put forth the issue of cohabitation. But the counsellor also knew that the abuser may not agree to Neeraja's terms, therefore she also helped her evolve other expectations. She was helped by the counsellor to concretise her material demands from the husband. Suggestions such as economic provision for the children, transferring the house in her name, as well as providing her with a monthly alimony was suggested by the counsellor to Neeraja while negotiating in a joint meeting.



F. Preparing the woman to seek Police assistance

Narrating to an outsider about one's private oppression is a very bold step. Women come for counselling with various expectations. Some women also come after they are denied help from the police, while there are others who refuse to register even a formal complaint. However, the fact remains that when a violent situation becomes unbearable, a woman may decide to have a formal recourse to justice. However, at such a point, she often does not have any documented evidence about the abuse faced. Therefore registering complaints form an important building block to create evidence.

- i. There are women who have repeatedly visited the police station to settle their "case". In such instances the police call the abusive person and threaten him with dire consequences. In other situations, they just put the abusive person behind bars for some time and then let the person out. Most of these steps are taken in an ad hoc manner. The necessary documentation about these cases is not done at all. Such ad hoc methods are used to evade documentation. The counsellor can state the importance of documentation as evidence for violence a woman faces.
- ii. Simultaneously the counsellor can ask the woman to reflect upon how she views the outcome of a police intervention. It is often seen that women's experiences with the police are not positive. These so called "settlements" done by the police amount to arbitration. A woman should be explained the fall outs of police arbitration as these are never done in the favour of women.
- iii. Often the police register complaints against the wishes of a woman. The reasons could be many,

including a bias against the abuser as a result of caste, religion, or class. Counsellors have to be aware of these aspects when they refer a woman to make a police complaint. Any complaint should be lodged only at the behest of the woman.

- iv. Counsellors should explain the nature of complaint that can be made depending on the nature of the violence. Differences in cognizable and non cognizable offences are to be explained in this context. This should be done because women often ask the police to register a "big" case. Caution has to be used in making such complaints because it is often the woman who faces the backlash. Chances of violence aggravating also cannot be ruled out. Hence a thorough explanation regarding filing a criminal case has to be given to the woman before hand.
- v. Women are sometimes not taken seriously at the police station. When they repeatedly go to the police stations, they are even shunned and ridiculed. Hence it is important that the woman appear confident in the police station. In case the police refuse to write down the complaint, she should be asked to give a written application of the violent episode signed by her. If they refuse to accept it, she should be asked to note down the badge number and the name of the police personnel who refused to register her complaint.
- vi. When women leave the house because of escalation of abuse, it is often seen that the abusers put false allegations about the woman. Some times these allegations are about the woman having stolen items from the house; taking the children along with her; not returning home and the like. In such situations, she should be encouraged to make an application elaborating



Guidelines For Counselling Women Facing Violence

the nature of abuse and what compelled her to leave the house. If she carries any belongings from the house, those can be mentioned in the application as well, this can help her to dismiss the false accusations made against her by the abuser.

G. Need for Referrals

Domestic violence is a complex issue. Therefore the outcomes of counselling are difficult to ascertain. In this process, women have to move on with other aspects of their life. Women do have expectations related to money when they approach a hospital based department. They want economic help for medicines, x-rays, children's education, starting a small scale business, or starting a home based activity. However it is also important to understand the limitation of a counselling centre in fulfilling this need. Through certain hospital resources, a counsellor may be able to get medications for a subsidised amount or waive certain fees for an x-ray. But a counsellor may not be able to provide financial assistance each time. Under such circumstances, it becomes pertinent to have very

good network of organizations that can provide the required support.

It may be a good practise for a counsellor to keep a list of trusts and organizations that provide material resources such as financial aid for medicines, boarding school for children, shelter homes for women and children and employment opportunities for women.

Similarly a counsellor should also have a list of other counselling centres such as child guidance clinics, deaddiction centres, psychologists, organizations/groups working with lesbian and bisexual women and support groups for women. If women are referred to other groups/organizations for mutual interaction with other women, it can motivate women to be assertive and cope with violence. After having had the opportunity to share about the violence they have faced at Dilaasa, coming in contact with other women makes them feel that they are not alone. However, it is important that referrals are made to such groups or organizations that share a similar perspective on dealing with the issue of violence.

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*C*ounsellor's Role in certain situations

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

A. SEXUAL VIOLENCE

Whenever a woman or child reporting sexual violence is brought to the hospital, she has to go through a series of assessments and investigations followed by giving a police statement and other hospital procedures. Sometimes, the survivors may report to the hospital with health consequences of violence such as unwanted pregnancy, abdominal pain, STIs, sleep disturbances, anxiety. Sexual violence may either be identified by the healthcare provider or may be disclosed by the survivor during the medical check-up.

The survivor has the right to consent to each of the components of the examining procedures such as medical treatment, medico-legal examination, sample and evidence collection and revealing the information to the police. Further, the survivor reserves the right to consent to any part of the examination, not necessarily the whole procedure and can refuse the examination at any stage. In such instances, the benefits and consequences of each of these procedures, including that medical treatment will not be affected by such refusal, must be explained to the survivor to enable an informed decision.

The presence of the counsellor in the entire investigation can make the woman more comfortable with these procedures. The counsellor should explain the rationale of the examination as well as the procedure for collecting medical evidence. When the counsellor explains the procedures of examination such as collecting anal and vaginal swabs, hair clippings from the vagina, collecting hair from the body amongst others, it helps the woman to get prepared for the examination. The counsellor should also check with the woman if she has reported all the injuries. When

the counsellor appreciates the woman's courage in reporting sexual violence, it can help her to feel empowered.

The foundation of counselling women who report sexual violence is to demonstrate trust in the woman and reassure her that she is not responsible for what has happened to her. The counsellor should tell the woman that it is the abuser who should be ashamed of the act and not she; this can also give her courage. As sexual violence is viewed as a loss of honour in society, the counsellor has to separate the act of sexual violence from notions of honour. It has to be explained that sexual violence does not occur because she had provoked someone, or due to the way she was dressed. In fact, it is used as a means to silence and humiliate her. The woman has to be helped to look at sexual violence as a form of severe violation. Similarly the counsellor has to suggest ways that will help her to be able to live a life with dignity. Life after a traumatic experience such as sexual violence is difficult. The counsellor has to explain to the woman that feelings of ending one's life can also come to mind but those feelings have to be dealt with (as discussed in the section on suicides, see IV C).

B. BURNS

Women reporting burns are often brought to public hospitals. When they are admitted to the hospital, they are surrounded by relatives; often these relatives are the ones who are abusive, they are present to ensure that the woman does not reveal truth to anybody else. Some times women are unsure about their survival because of high degree of burns; Children and their care are also an important concern for women. Most often the relatives of the patient know that she may not survive as this is told to them by the doctors and



Guidelines For Counselling Women Facing Violence

hospital staff. Counsellor can explicitly convey this information to the woman in a sensitive manner, if it has not already been conveyed. The counsellor can encourage her to tell the truth so that she can implicate those who were responsible for her condition.

Counsellor can encourage her to talk about the incident as well as enable her to file a police complaint. A counsellor's presence is especially reassuring for the woman when she has to give her statement of dying declaration to the doctor. Counsellor can facilitate the process by ensuring that the woman is able to give her statement without any pressure and ensure that the family members are kept away during that time. It is also important to inform the natal family that if they suspect any foul play they should inform the police and give their statements so that the police can investigate.

C. MENTAL ILLNESS

Mentally ill women are often treated in an undignified manner in hospitals. Such women may either come to the counselling centre on their own initiative or they could be referred from various departments. A counsellor has to be equipped with an understanding on mental illness. There is vast difference between mental distress and illness. Counsellors have to frequently deal with distress as this is related to various life events that a woman may be facing. The relation between abuse and distress is strong. Counsellor should be able to encourage women to talk about their feelings related to violence. Emotions such as anger, despair, sadness, helplessness are expressed by women in the course of counselling. Some women take longer to overcome their feelings while others are able to sort out their feelings after talking to a counsellor.

Some times counsellors have a vague feeling that they are unable to reach out to the woman or the counselling does not seem to be going anywhere. It is important to assess the woman's reality ties at such a point. This could be done by asking her simple questions such as, what is her typical day like. What are the activities that she conducts in the house? This gives an idea about how she spends her time. It is important to reframe questions related to the woman's expectations from the counselling situation, as this brings back the focus on counselling.

50 year old Sudha has been coming to the hospital for treating her arthritis. She is being treated badly by her son and daughter-in-law. But she is unable to focus on the current situation; instead whenever she is talking to the counsellor she grieves about her elder son who died 7 years ago. Even after having discussed the bereavement of her son in numerous counselling sessions, Sudha is unable to focus on her current abuse. Other symptoms such as rapid talking, lack of eye contact, and being in daze were also observed by the counsellor. In such events, it may be pertinent to refer the woman to a psychiatrist or psychologist.

But at times reframing of questions too does not reach the woman. This could be an indication that the woman is not oriented to reality. This can be an important tool to identify whether there is presence of a mental illness. At such a point she may need a referral to the psychiatrist or psychologist. But often women are reluctant to visit a psychiatrist. Because it is difficult to seek help for pressures on mind as there is taboo attached to it. In such situations, a counsellor would



Guidelines For Counselling Women Facing Violence

have to explain that certain life events can have a profound effect on the mind just as some have a great impact on the body, thereby reiterating that the woman is not “mad”. Seeking psychiatric services could help her to cope with her current situation in a better manner. Efforts have to be made to reduce the stigma and encourage the woman to seek help. The counsellor can accompany the woman to the psychiatrist and be there for her. This is essential because often women with mental illness have very little family support. This can encourage the woman to seek help. Moreover, the counsellor has a proactive role to play in demystifying the psychiatric treatment as well as explain the impact of medication along with the side effects to the woman.

Challenges to counselling

Guidelines For Counselling Women Facing Violence



Guidelines For Counselling Women Facing Violence

- A. An important challenge to counselling in a hospital based set up is with regard to women attempting suicide. A large number of women get admitted every month for such a medical complaint (on an average, one per day). Our analysis of the counselling centre records show that these women are either married for less than one year or are in an intimate relationship, but not married. The counsellor gets in touch with the woman while she is in the hospital, but thereafter these women are unable to follow up. It is these women who need counselling the most but are unable to reach the centre. It is a challenge for counsellors to be able to reach out to these women.
- B. Similarly the institution of marriage and family itself has very limited options for women. In the context of counselling, while in an abusive relationship, the alternatives available to her are extremely limited. If she quits a relationship, she has to look for alternatives right from lodging and boarding. Even if she quits the relationship, she is burdened with the responsibility of the children; the onus invariably lies on the woman to choose such alternatives which in itself are limiting.
- C. A common feature occurring in counselling is pertaining to women wanting to cohabit with a partner who refuses to do so. This poses a great challenge to counselling because inspite of the heightened threat to their life and increasing intensity of abuse, women are not able to let go of the relationship and they insist on cohabitation.
- D. Another challenge is to do with women seeking legal redress. In our experience seeking legal justice has been an uphill task for most women with very little positive outcome. There is a need to balance seeking of legal redress with other aspects such as her occupation, income etc. However, most women believe that if they pursue litigation, the abuser will stop the abuse. It is a challenge to counsel the woman about focusing on other livelihood issues along with litigation.
- E. Reaching out to unmarried women who face abuse in a relationship is a challenge. Most cases registered at Dilaasa are those of married women, though we are dealing with the issue of Domestic Violence, where the definition includes all women facing abuse from any person within the house such as brother, father, partner and the like.

*N*orms for running a counselling centre



Guidelines For Counselling Women Facing Violence

A counselling centre in a hospital has to function like a department of the hospital. So similar to the way in which duties in a hospital change, counsellors also function in shift duties. Below are listed certain norms to ensure smooth functioning of such a counselling centre.

- A. Counsellors could be nurses, social workers or other staff trained to provide these services in the counselling centre. A ground rule in the counselling centre is to complete all the documentation related to counselling on the same day. This is because often in such a counselling centre, it may not be the same counsellor providing services the very next day. Only if the documentation is complete would the next counsellor on duty be able to provide the required support service.
- B. Counsellor has to tell the woman that she may meet another counsellor on her next visits as they work in a team. This helps the woman to prepare herself to visit a new counsellor as well.
- C. Counsellors have to play an important role in facilitating other hospital services for the woman seeking counselling services for violence. This is because most often hospitals are not very patient friendly and definitely not women friendly. The role of the counsellors is therefore instrumental in ensuring that women receive medical treatment in a sensitive manner.
- D. When a woman comes to the counselling centre, the counsellor has to find out whether she has faced recent abuse, and enable her to seek medical treatment. Along with it, counsellor also has the responsibility of explaining the meaning of a medico legal case which is made in case of any medical complaint that indicates abuse. This could be used by the woman as evidence that she had faced violence in the past.
- E. Counsellor has to provide the woman with a registration number and a card that has the information about the counselling centre. This enables the counsellor to retrieve her case file easily.
- F. Counsellors have to maintain registers recording details such as number of new women registered at the counselling centres and number of follow ups per day. This would give the counselling centre an account of the number of cases being handled by the centre.
- G. All the counselling records are to be kept confidential and therefore it becomes the responsibility of the counsellors to file the intake forms and put them safely and securely (such as locked cabinets). Only counsellors have access to these forms.
- H. The centre has to have 2 counsellors present at any given time. This is because women coming to the hospital have very little time on their hand. In our experience most women are able to spend not more than forty minutes for a counselling session. If there are more than two women at a given time, the women should not have to wait too long. They may prefer to leave instead of waiting for counselling.
- I. All cases have to be discussed by counsellors in the form of case presentation internally with the team. It is the only opportunity for counsellors to discuss issues and dilemmas arising out of counselling practise and how to handle them in the best interest of the woman.



Guidelines For Counselling Women Facing Violence

- J. Being in a hospital set up, it is also important for counsellors to maintain a dialogue with the other health providers, this is because it is essentially the doctors, nurses and other staff that screen women and subsequently refer to the centre. Counsellors should share information about the department in a generalised fashion such as the number of women coming to the counselling centre, a gist of the nature of health complaints reported by them and the like. This would enable the Health care professionals (HCP) to get an idea about the work of the department. This would enhance a feeling of “cohesiveness” between Dilaasa and other departments in the hospital.
- K. Media often pursues hospitals to receive sensational news. The counselling centre has to follow the policy of the hospital in such situation which clearly spells out that these functions would be handled by the head of the hospital. No individual case information would be shared by the counsellors to any media personnel. Information provided by the head of the hospital should also be general observations and not individual case histories.
- L. Counsellors should not provide clients with personal or mobile phone numbers.
- M. When a counsellor is threatened by an abusive relative, it is important to call for the security services which are based in the campus itself.



Conclusion

*T*his document is a modest contribution to the range of counselling methods and skills available. The objective of this document lies in providing experienced counsellors with certain methods, and strategies in responding to the issue of domestic violence as well as other forms of violence as encountered in a health setting. We would be happy to receive feedback and response from all the readers because your feedback and counselling practise is what would help in improving this document.



References

- American Psychological Association (APA) (1987). Case Book on ethical principles of Psychologist, Washington, DC : American Psychological Association. p. 16
- Burte, A. (Sept 2001-Feb2002). Six month report of Counselling at Dilaasa. (Unpublished).
- Chaplin, J. (1999). Feminist counseling in Action, 2nd ed. London : Sage Publication. p. 144
- Gerald, C. (2000). Theories and practice of counseling and Psychotherapy 6th ed. United States : Wadsworth Publishing Company. p. 550
- John S , Flanagan and Sammers R. (2004). Counseling and Psychotherapy theories, context and practice: Skills, Strategies, Techniques, New York : John Wiley & Sons. p. 552
- Marececk, J. and Kravetz, D. (1998). Power and agency in feminist therapy. In I. B. Seuand M. C. Heenan (eds.), Feminism and Psychotherapy, Reflections on Contemporary Theories and Practices, London : Sage Publication. pp. 43-56.
- Nelson-Jones, Rechar (2002). Essential counseling and therapy skills : The skilled client model, London : Sage Publication. p. 382
- Worell, J. and Remer, P. (2002). Feminist perspectives in therapy: Empowering diverse women, 2nd ed., New York: John Wiley & Sons. p. 383



Annexure I

VALUES

- Be aware of your strengths & limitations.
- Introspect into your beliefs.
- Identify sexist beliefs & work on them.
- Ensure confidentiality.
- Seek the woman's consent before divulging information.
- Recognise every woman's experience as unique.
- Respect diversity in women's identities.
- Recognise the woman's capacity to take decisions.
- Recognise power relations in the counsellor-counseee relationship.
- Be aware of social inequalities when suggesting alternatives.

PRINCIPLES

- Violence is the result of a patriarchal structure that exerts power & control.
- Examine the contradictory nature of institutions like family & marriage.
- Violence has deep physical & mental health consequences.
- Provide opportunity to examine ambiguity.
- Violence is non-negotiable.

TECHNIQUES

- Locate the precipitating factor.
- Explore the woman's coping mechanisms.
- Connect her individual oppression to gender identity.
- Address vacillations by being aware of reasons behind the women's desire to continue the relationship.
- Remove the blame from her.
- Devise strategies to confront violence.

CHALLENGES TO COUNSELLING

- Reaching out to women in hospital after a suicide attempt.
- The contradictory nature of the institutions of family & marriage.
- Women's insistence to cohabit with an unwilling abusive partner.
- Women's views on seeking justice.
- Receiving women outside marital relationships.

NORMS FOR RUNNING A COUNSELLING CENTRE

- Complete all counselling-related documentations on the same day.
- Inform the woman of the possibility of meeting another counsellor from the team on her next visit.
- If the woman has faced recent abuse, enable her to seek medical treatment.
- Facilitate other hospital services for the woman.
- Explain the importance of Medico-legal Documentation.
- Call the hospital security services if being threatened by an abusive relative of the woman.
- Ensure the presence of two counsellors in the centre at any given point.
- Conduct regular case presentations with the team of counsellors.
- Keep counselling records confidential.
- Maintain record of the number of women registered & following-up.

I thank Ms. Aarthi Chandrasekhar for compiling this annexure.



Annexure II

Laws related to Violence against women in India

1. The Protection of Women from Domestic Violence Act, 2005

This Act is applicable to married, single, living in , women as well as women who suffer abuse from their brothers and fathers. It covers women belonging to all religions as well as covers all types of abuse, viz physical, sexual, emotional and financial. A woman facing Domestic violence can approach a Protection officer / service providers / Magistrate's court. Through this act she can receive various relief orders such as, Residence Orders, Monetary relief, Custody Order, Compensation Order, Interim/ Ex-Parte Orders under this act.

2. Section 498A of Indian Penal Code

A woman can file a case against her Husband or relatives of the husband subjecting her to cruelty. She can also file such a case if she is driven to commit suicide or if she fears a danger to her life / limb or if certain demands pertaining to property or valuables are made on her. People found guilty will be punished with imprisonment for a term which may extend to three years and shall also liable to fine.

3. The Dowry Prohibition Act, 1961

This Act prohibits the giving or taking of dowry. If such a demand is made, directly or indirectly, from the parents or other relatives or guardian of a bride or bridegroom, such a person will be punished with imprisonment for six months to two years and with fine which may extend to ten thousand rupees.

4. Child Marriage Restraint Act, 1929

This act is used to restrain the solemnization of child marriages. A person performing such an act directly or indirectly shall be punishable with simple imprisonment which may extend to one

month, or with fine which may extend to one thousand rupees, or with both, unless that person is able to prove that he had reason to believe that the marriage was not a child marriage.

5. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

This act prohibits sex selection, before or after conception. It primarily aims at regulating prenatal diagnostic techniques for the purpose of detecting genetic abnormalities and for the prevention of their misuse for sex selection. If such a practice is witnessed by any individual, it can be brought to the notice of the appropriate authority.

6. The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013

This act addresses grievances by women who have or are facing sexual harassment at their workplace. The Act mandates every workplace to constitute an Internal Complaints Committee that can be approached by the aggrieved woman. In the absence of such a committee, the woman may approach the Local Complaints Committee set up in every district. The woman can submit a written complaint and seek relief such as transfer, additional leave amid other reliefs.

7. The Commission of Sati (Prevention) Act, 1987

This act prohibits committing SATI, its glorification as well as abetment to committing of SATI. If such crime is committed, there is a provision of special courts where such a case will be tried. The punishment will range from death, life imprisonment or imprisonment as well as liable with a fine extending to Rs. 30, 000. The power to prevent or take cognizance of such an act lies with the District Collector and District Magistrate.

I thank Ms. Rashmi Divekar for compiling this annexure.



Guidelines For Counselling Women Facing Violence

8. Rape Section 375 of the Indian Penal Code

The rape law (Sec 375) is modified as Criminal law amendment to Rape (CLA) in 2013. Rape is defined as an offence including penetration or attempt to penetrate by use of objects or penis on any body orifices such as anus, vagina and mouth and making the woman do any of these acts against her will. A separate offence of gang rape (Sec 376 D) with a higher punishment is also enacted.

9. Section 354 Assault or criminal force to woman with intent to outrage her modesty, Indian Penal Code

Assault or use of criminal force to a woman with intent to outrage her modesty. Assault shall be punished with

imprisonment for one to five years and fine. The Indian Penal Code also recognizes use of criminal force with intent to disrobe, voyeurism and stalking as punishable offences.

10. Protection of Children from Sexual Offences Act 2012 (POCSO)

This Act is applicable for children (below 18 years) and punishes all acts with sexual intent such as penetrative assault, acts with sexual intent involving physical contact without penetration, sexual harassment, use of children for pornographic purposes. This law protects children of both sexes and their consent is irrelevant.

I thank Ms. Rashmi Divekar for compiling this annexure.



Annexure III

MUMBAI

Special Cell for Women and Children

Office of the commissioner of police,
Police Head Quarter, Room no - 36, A Block, Gate no 5,
Opposite Crawford Market, Mumbai 400 001.
Tel. : 22620111
rc_vaw@tiss.edu

Sneha (Society for Nutrition Education & Health Action)

310, 3rd floor, Urban Health Centre, 60 feet road, Dharavi,
Mumbai - 400 017.
Tel.: Crisis Centre: 24040045/ 9833052684/ 24042627

Swadhar Keshav Gore Smaarak Trust

Keshav Gore Smarak Trust, Aarey Road, Goregaon (west),
Mumbai - 400 062.
Tel. : 28720638/ 28724123

Maitra Helpline

Shri Ganesh Darshan, 9th floor, IPH, L.B.S. Marg,
Opp Maharashtra Flywood Centre,
Hari Niwas Circle, Naupada, Thane (W). - 400602.
Tel.: 25385447/25428183
iph@healthymind.org

Dilaasa

Dept. No. 101, Gynaec. OPD, K.B. Bhabha Hospital,
R. K. Patkar Road, Bandra (W), Mumbai - 400 050.
Ph.: 26400229 (Direct) 26422775 /26422541 Extn. 4376
E-mail: dilaasa@vsnl.net

Sakhya – Women Guidance Cell

The Image - 1st Floor, Nirmal Naka,
Nalasopara west, Taluka - Vasai, Dist – Thane.
Tel. : 0250 - 2471540/ 9890312402
mcfhi@vsnl.net

Aawaaz-E-Niswaan

47/1, Sarbai Hasan Ali Roopwala,
Pipe Road, above S.A. Medical,
Kurla (W), Mumbai - 400 070.
Tel. : 26521825/ 26523402
niswan@vsnl.net

Stree Mukti Sanghatana Shramik, Royal Crest

31, shramik, Royal crest, 1st floor opposite Dadar Club,
Lokmanya Tilak Vasahat Road No. 3,
Dadar (E.) - Mumbai - 400 014.
Tel. : 24174381

Aasra

A – 4, Tanwar View, CHS
Plot – 43, Sector – 7,
Koparkhairane, New Mumbai – 400701
Tel.: 27546667/275426669
johnsont307@rediffmail.com



Guidelines For Counselling Women Facing Violence

PUNE

Mahila Sarvangeen Utkarsh Mandal (MASUM)

Mahalsakant Society, Kodit Naka,
Saswad, Purandar Taluka,
Pune District,
Maharashtra.
Tel: 02115 - 222969/ 020 - 2020116
masum.puneindia@gmail.com

Asha Sanstha

Action for Self reliance Hope and Awareness Vishrmbag
Police Station, Farasakhana Building,
3rd Floor, Bhudhwar Chowk, Pune - 411002.
Tel. : 020 - 24484535
Sakhi helpline: 9421016006
ngoasha@gmail.com

Chaitanya Mahila Mandal

13, Gururaj Society, Bhosari, Pune- 411039.
Tel. : 09422004152 / 08411004180
jiyotipathania@yahoo.co.in

Nari Samata Manch

473, Tilak Road, Sadashiv Peth,
Near lane of New English School, Pune - 411030.
Tel. : 020 – 24473116/24494652
nsm@pn3.vsnl.net.in

Swadhar

C/o Niwara Devid sasun Anath Pangu Graha,
96, Navi Peth. Pune - 411030.
Tel. : 020 - 24533452
swadhar@rediffmail.com / contact@swadharpune.org

Maheer

Bhima Koregaon, Vadu Budruk,
Taluka Shirur, Dist Pune – 412216.
Tel. : 9921009537/020 - 27033421/ 9011086134
maherpn3@vsnl.net.in / maherpune@gmail.com

Shramik Seva Vinimay Kendra

101, Shivajinagar, Near Mangala Talkies, Pune -411005.
Tel. : 09422530186

DELHI

Jagori - A Women's Organisation

C-54 South Extension, Part Two, New Delhi.
Tel. : 011- 26692700/ 8800996640.
jagori@jagori.org

Shakti Shalini

6/30-B, Lower Ground Floor,
Near Kargil Park Lane, Jangpura B,
New Delhi - 110014.
Tel.: 011- 24372437/ 24373737
shakishalini@mantraonline.com

Action India

5/27A, Jangpura - B, Behind Rajdoot Hotel,
New Delhi - 110014.
Tel. : 011 - 24377470
actionindia@vsnl.com, actioni@hotmail.com

Tarshi

C-29, Basement, East of Kailash,
New Delhi - 110065.
Tel. : 011- 26324023
Helpline: 011- 26324022
tarshi@vsnl.com

Rahi Foundation

RAHI Foundation, M 50 Chitaranjan Park,
Ground Floor, New Delhi - 110019.
Tel. : 011- 40536176/ 011-26274041
rahifoundation@gmail.com



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BANGALORE

Vimochana

No. 33/1-9/10, 4th cross Thyagraj Layout,
Maruti Nagar, Bangalore - 560033
Tel. : 080-25492783/25492781/25494266/25492782
streelekha@vsnl.net

Hengasara Hakkin Sangha

1024, 4th T block, 38th cross,
25th main, 4th T block,
Jaya Nagar Bangalore - 560041
Tel. : 080-26639884/ 65701981
hhs@bgl.vsnl.net.in

GUJARAT / KUTCH

Kutch Mahila Vikas Sangathn (KMVS)

5 - S.T. Colony Shakti Krupa, Nr. Jummar House,
V.D high school road, Kutch Dist - 370001.
Tel. : 02832 - 222124/223311/ 2832 255 125
kmvsbhuj@gmail.com, preetnibsoni@gmail.com

KOLKATTA

Swayam

9/2B Deodar Street, Kolkata – 700019. West Bengal.
Tel. : 91 33 2486 3367 / 3368 /3357
swayam@swayam.info

JAIPUR

Vishakha

9 Pratap Nagar, Near Glass Factory,
Tonk Road, Jaipur, Rajasthan - 302018.
Tel. : 0141- 2712034

Vividha

Women Resource and Documentation Centre 335,
Mahaveer Nagar II Maharani Farm,
Durgapura, Jaipur – 302018.
Tel. : 0141- 2762932/ 09314503785/ 09829068744
vividha_2001@yahoo.com

UTTAR PRADESH – LUCKNOW

Sahayog

A-240, Block - A, Faizabad Road, Indira Nagar,
Near Nilgiri Chauraha,
Lucknow - 226016, Uttar Pradesh.
Ph- 0522-2341319/ 2310460
kritire@sahayogindia.org

Humsafar

“Support Centre For Women”
27, New Beri Road (Near Times of India)
Lucknow - 226001, Uttar Pradesh.
Tel. : 0522 2205215/ 4062119

NORTH EAST – MEGHALAYA

Voluntary Health Association

Near Eden Bless School, Umkdait,
Nongmensong, Shilong - 793021,
Meghalaya.
Tel. : 0364-2522834/2522835 (Office)/2520453
bj1975@rediffmail.com, vhamegh@rediffmail.com

Lympung Ki Seng Kynthei

Lower Lachaumiere,
Shilong - 79300,
Meghalaya.
Tel. : 0364 - 2504233/ 2501998

Iohlynti

Ganesh Das Hospital, OPD Building, Ground Floor,
Shillong, Meghalaya
Tel: 91 8974011462
iohlynti@gmail.com



Guidelines For Counselling Women Facing Violence

MADHYA PRADESH – BHOPAL

Sangini - Gender Resource Center

A/4, Jai Bhavani Phase 2, Rohit Nagar,

Bhopal – 462039.

Tel. : 0755- 2420361/ 9424477290

sanginicenter@rediffmail.com

Jan Sahas Social Development Society

Reg. Off.: 14, Mill Road, Dewas (M.P.) 455001

Field Off.: 40/2, Civil line, Dewas (M.P.) 455001.

Tel.: 07272-408090, 254490

jansahas@gmail.com